articular pathology. Rotational correction of proximal femur can be stabilised with either plates or intramedullary nails. We reviewed these two methods of proximal femoral rotational correction when combined with hip arthroscopy. Methods. We reviewed patients that underwent concurrent ipsilateral hip arthroscopy and proximal femoral derotation osteotomy (PFDO) for proximal femoral retroversion. PFDO was either stabilised with a plate (PS) or intramedullary nail (IMS). We analysed operative time, blood loss, time-to-union (radiologic), pain and functional outcomes. Results. Each group consisted of 7 patients, average follow-up 45 months (20-65). Average age at operation – 22 and 27 years in PS and IMS groups, respectively. All patients had associated intraarticular bony pathomorphology (CAM/pincer lesions and labral tears) treated during hip arthroscopy as the first step. Average proximal femoral retroversion was 5o (3-13) and 7o (2-15) in PS and IMS groups, respectively. Subsequent PFDO operative time was 118 (105-130) and 95 (80-105) mins in PS and IMS groups, respectively. Blood loss was 450 and 280 mls in PS and IMS groups, respectively. Average time-to-union was 8 and 7.6 months in PS and IMS groups, respectively. Average score improvements from pre-op to 12 months post-op were – pain – 8 to 1.2 and 7.9 to 0.9 in PS and IMS groups, respectively; - iHOT12 – 31.8 to 91.6 and 26.7 to 94 in PS and IMS groups, respectively; - NAHS – 52.9 to 93 and 45 to 95.1 in PS and IMS groups, respectively; - UCLA – 2.8 to 6.4 and 2.6 to 7 in PS and IMS groups, respectively. Conclusion. The outcomes of PFDO stabilised with IM nail were superior to the plate. We feel that in the presence of combined intra- and extra-articular pathomorphology contributing to the FAI phenomenon that failed to be resolved non-operatively, both aspects need to be addressed. Although the outcomes of concurrent hip arthroscopy and PFDO are encouraging, the question of timing of the two steps persists.

Category: Hip/Groin/Thigh

Accelerated Staged Bilateral Hip Arthroscopy for Athletes Results in Similar Improvements in Outcomes Compared to Delayed Staged Procedures and Case-control Matched Unilateral Arthroscopy

Abstract ID# 22710
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Summary:
Accelerated (within 7 days) staged bilateral hip arthroscopic surgery in athletes symptomatic for femoroacetabular impingement results in comparable clinical outcomes to delayed staged procedures and matched unilateral arthroscopy.

Data:
Introduction: Athletes are at increased risk of presenting with symptomatic femoroacetabular impingement (FAI) bilaterally. Staged hip arthroscopy (HA), where conservative management has been unsuccessful, is an option however the optimal timing of the second procedure is unknown. Previous literature reports the timeframe for staged procedures to range from 2-4 weeks to 6-16 weeks. Delaying contralateral surgery in cases of bilateral symptoms may result in increased progression of chondrolabral pathology. Purpose: To compare minimum 2-year outcomes for patients undergoing accelerated staged arthroscopy against 1) those undergoing delayed staged arthroscopy, and 2) those undergoing unilateral arthroscopy. Methods: Our prospective institutional HA registry was retrospectively reviewed for patients undergoing bilateral primary HA for FAI between 2009-2022. Inclusion criteria were competitive athletes with concurrent bilateral symptoms at initial presentation and minimum 2-year post-op. In PROs and RTS rates are comparable with a delayed duration between procedures and with those case-control matched athletes undergoing unilateral arthroscopy.

Category: Hip/Groin/Thigh

Outcomes of Hip Arthroscopy in Patients with Hip-Spine Syndrome: A Matched Control Study with Minimum 2-Year Follow-Up

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Summary:
Although it may take > 2 years, patients with hip-spine syndrome can attain clinically meaningful improvement in hip pain following hip arthroscopy for FAI.

Data:
INTRODUCTION: The overlapping biomechanical relationship between the lumbar spinal spine and pelvis poses a unique challenge to patients with abnormalities that limit range of motion through the hip. We aim to assess the influence of concomitant lumbar spinal pathology on patient-reported outcome measures (PRO) and rates of achieving clinical thresholds (e.g., minimal clinically important difference [MCID] and patient-acceptable symptom states [PASS]) following hip arthroscopy for the treatment of symptomatic labral tears in patients with femoroacetabular impingement (FAI). METHODS: A retrospective review of a prospectively collected, single-surgeon database was performed to identify patients =18 years of age with minimum 2-year follow-up, who underwent primary hip arthroscopy for the treatment of labral tears secondary to FAI. No patients had previous ipsilateral hip or spine surgery. Patients were stratified into cohorts based on the presence (hip-spine [HS]) or absence (matched-control [MC]) of lumbar spinal disease, and cohorts were compared based on age, sex, and body mass index. Inclusion within the HS cohort required lower back pain plus a diagnosis of lumbar spinal disease verified radiologically. PROMs and frequency of achieving MCID/PASS thresholds were compared between groups. Outcomes included modified Hip Harris Score (mHHS), Hip Outcome Score-Activities of Daily Living (HOS-ADL), Hip Outcome Score-Sports Subscale (HOS-SS), International Hip Outcome Tool-33 (IHOT-33), Non-Arthritic Hip Score (NAHS), visual analogue scale (VAS) pain, rates of revision arthroscopy, and conversion to total hip arthroplasty (THA). RESULTS: 70 patients with lumbar spinal disease were matched to 87 controls. Preoperative scores were significantly worse in the HS cohort for all but one outcome (P <.05 for all, except HOS-ADL). Subsequent follow-ups at 3-, 6-, 12-, and 24-months displayed similar trends, with the HS cohort demonstrating significantly worse scores for nearly every PROM. However, HS and MC patients exhibited statistically similar magnitudes of improvement in all outcomes at every time point (P > .05). Thus, by 3- and 5-year follow-up, the HS cohort achieved statistically similar outcome scores across all PROMs (P >.05). Achievement of MCID thresholds occurred at similar rates between cohorts across nearly all PROMs at 12-month, 24-month, and 5-year follow-up. PASS analysis revealed significantly lower frequencies among the HS cohort for nearly all PROMs at 12- and 24- months; however, available 5-year data trended towards similar rates (P >.05 for all). No significant differences in the rates of revision or conversion to total hip arthroplasty were identified between cohorts (P > .05 for both). CONCLUSION: Following hip arthroscopy to address labral tears in the setting of FAI, patients with diagnosed lumbar spinal pathologies and no prior history of spine surgery experienced statistically similar clinical benefit and rates of functional improvement at 2-year follow-up relative to matched controls with isolated hip disease. Our results suggest that patients with concurrent lumbar spinal pathologies can experience improvement beyond 24-month follow-up, and medium- to long-term follow-up may be necessary to define clinically meaningful outcomes most accurately in the setting of arthroscopic hip preservation surgery.